

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">6</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">LUIS</div> NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received <div style="font-size: 2em; text-align: center;">4-29-19</div> Date Hand-delivered or Date Postmarked									
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">DE LA GARZA</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	101 BLACKSTONE PLC. PORT LAVACA, TX 77979										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 652-7905										
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">PAM</div> NICKNAME LAST SUFFIX	Receipt # Amount \$									
	<div style="text-align: center; font-size: 1.5em;">DE LA GARZA</div>	Date Processed									
	Date Imaged										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 BLACKSTONE PLC. PORT LAVACA, TX 77979										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 482-7810										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">4 / 5 / 19</td> <td></td> <td style="text-align: center; font-size: 1.5em;">4 / 26 / 19</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	4 / 5 / 19		4 / 26 / 19		
Month Day Year	THROUGH	Month Day Year									
4 / 5 / 19		4 / 26 / 19									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div> </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	OFFICE HELD (if any)										
		13 OFFICE SOUGHT (if known) CALHOUN COUNTY PORT AUTH. DISTRICT 4									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME LUIS DE LA GARZA 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

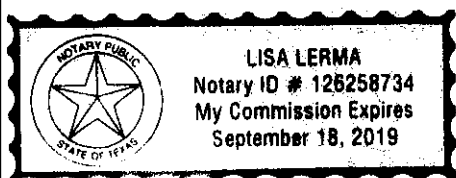
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1219.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1166.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

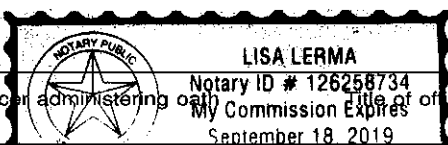
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luis De la Garza, this the 29 day of April, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lisa Lerma

Printed name of officer administering oath



LISA LERMA
Notary ID # 126258734
My Commission Expires September 18, 2019

Cal-Com FCU
Loan Manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

LUIS DE LA GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

4-12-19

5 Full name of contributor

BIANCA SALINAS

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

120 NAVILAND APTC PORT LAVACA, TX 77979

7 Amount of contribution (\$)

10.00

8 Principal occupation / Job title (See Instructions)

WAITRESS

9 Employer (See Instructions)

CATHY'S RESTAURANT, PORT O'CONNOR

Date

4-12-19

Full name of contributor

JERRICA DE LA GARZA

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

327 ASHLEY DR. COPPELL TX 75019

Amount of contribution (\$)

5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-19

Full name of contributor

JOSEF RODRIGUEZ

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

49 HIGH BLUFF RD PORT LAVACA, TX 77979

Amount of contribution (\$)

5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

STUDENT

Date

4-12-19

Full name of contributor

THERESA RODRIGUEZ

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

49 HIGH BLUFF RD. PORT LAVACA, TX 77979

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

LARRY BOND

6 Contributor address;

City; State; Zip Code

4055 HOGAN DRIVE #1902, TYLER TX 75709

1500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

NUCLEAR OPERATOR SUPERVISOR

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

ERICA PEREZ

Contributor address;

City; State; Zip Code

7116 WESTWOOD PORT LAVACA TX 77979

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PARENT LIAISON

CCISD

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>		2 FILER NAME <u>LUIS DE LA GARZA</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-8-19</u>		5 Payee name <u>PORT LAVACA WAVE</u>			
6 Amount (\$) <u>260.55</u>		7 Payee address; City; State; Zip Code <u>107 E. AUSTIN ST. PORT LAVACA, TX 77979</u>			
8 PURPOSE OF EXPENDITURE <u>ADVERTISING</u>		(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>LUIS DE LA GARZA</u>		Office sought <u>PORT AUTHORITY DIST 4</u>	
Date <u>4-15-19</u>		Payee name <u>PORT LAVACA WAVE</u>			
Amount (\$) <u>468.99</u>		Payee address; City; State; Zip Code <u>107 E. AUSTIN ST. PORT LAVACA, TX 77979</u>			
PURPOSE OF EXPENDITURE <u>ADVERTISING</u>		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>4-22-19</u>		Payee name <u>PORT LAVACA WAVE</u>			
Amount (\$) <u>429.91</u>		Payee address; City; State; Zip Code <u>107 E. AUSTIN ST. PORT LAVACA, TX 77979</u>			
PURPOSE OF EXPENDITURE <u>ADVERTISING</u>		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME LUIS DELA GARZA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 4-20-19	6 Payee name AMAZON	
7 Amount (\$) 21.64	8 Payee address; City; State; Zip Code SEATTLE, WA	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE INK SUPPLIES	(a) Category (See Categories listed at the top of this schedule) ADVERTISING PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-21-19	Payee name WALMART	
Amount (\$) 38.02	Payee address; City; State; Zip Code 9002 N. NAVARRO ST. VICTORIA, TX 77904	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE PRINTING SUPPLIES	Category (See Categories listed at the top of this schedule) PRINTING SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED